

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

RECEIVED  
SDNY PRO SE OFFICE  
2019 JUN 6 PM 3:23

Samaad Bishop

**19 CV 5350**

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

Diversified Adjustment Services, Inc. and the Unknown

Customer Services Representatives

**COMPLAINT**

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ **Federal Question**

☐ **Diversity of Citizenship**

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

---

Fair Debt Collection Practices Act ("FDCPA"), 15 U.S.C. §§ 1692-1692p  
and Fair Credit Reporting Act, 15 U.S.C. §1681 et seq. ( "FCRA" )

---

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, N/A, is a citizen of the State of  
(Plaintiff's name)

---

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

---

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, \_\_\_\_\_, is a citizen of the State of  
(Defendant's name)

\_\_\_\_\_  
or, if not lawfully admitted for permanent residence in the United States, a citizen or  
subject of the foreign state of

\_\_\_\_\_  
If the defendant is a corporation:

The defendant, \_\_\_\_\_, is incorporated under the laws of  
the State of \_\_\_\_\_

and has its principal place of business in the State of \_\_\_\_\_

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_.

If more than one defendant is named in the complaint, attach additional pages providing  
information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional  
pages if needed.

**Samaad**

**Bishop**

First Name

Middle Initial

Last Name

**421 Eighth Avenue, No. 778**

Street Address

**New York**

**New York**

**10116**

County, City

State

Zip Code

**347-746-7080**

**ssb@mail.com**

Telephone Number

Email Address (if available)

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	Diversified Adjustment Services, Inc.
	<div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Last Name</span> </div>
	Current Job Title (or other identifying information)
	600 Coon Rapids Boulevard N.W.
	Current Work Address (or other address where defendant may be served)
	<div style="display: flex; justify-content: space-between;"> <span>Coon Rapids</span> <span>Minnesota</span> <span>55433</span> </div>
	<div style="display: flex; justify-content: space-between;"> <span>County, City</span> <span>State</span> <span>Zip Code</span> </div>
Defendant 2:	
	<div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Last Name</span> </div>
	Current Job Title (or other identifying information)
	Current Work Address (or other address where defendant may be served)
	<div style="display: flex; justify-content: space-between;"> <span>County, City</span> <span>State</span> <span>Zip Code</span> </div>
Defendant 3:	
	<div style="display: flex; justify-content: space-between;"> <span>First Name</span> <span>Last Name</span> </div>
	Current Job Title (or other identifying information)
	Current Work Address (or other address where defendant may be served)
	<div style="display: flex; justify-content: space-between;"> <span>County, City</span> <span>State</span> <span>Zip Code</span> </div>

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

**III. STATEMENT OF CLAIM**Place(s) of occurrence: County of New YorkDate(s) of occurrence: June 6, 2018, June 8, 2018 and June 11, 2018**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

In June Customer Services Representatives ("CSR") contacted me by telephone about concerning a bill from Sprint. I ask for a copy of the bill. CRS 1 advised that a notice was sent to me by Certified Mail, I asked for the receipt number so that I could verify on post office website. CRS 1 accused of being a dead beat and hung up the phone.

CRS 2 called me and stated that I owe money to Sprint. I asked for a bill CRS2 told me that a bill was emailed and one was never sent to me by Cerified Mail. I asked when the email was sent, CRS 2 curtly counseled me on paying a bill and hung up the phone on, without resolving the issue of providing me a notice.

CRS 3 called and advised that I owe a Sprint bill. I requested the bill and informed here that prvious CRS representatives advised that, first the bill was sent by Ceritifed mail and sent by email. CRS representative 3 advised that the bill was not sent to me Certified mail or email. I again asked for a bill, CRS 3 decelined and advised me to take a plane to Minnesota to get the bill. As of this writing Defendant has refused and failed to provide me with a bill that it claims I owe Sprint. All I received was deceptive and

information from Defendants.

---

Some time in 2018 Defendants, without providing me a copy of a bill and without verifying/validating the debt, impermissibly filed with all three credit reporting of the bill for Sprint. This rerogatory information lowered my credit rating and FICO score.

---

---

---

---

---

---

---

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Lower credit rating and lower FICO score, thereby damage my credit worthiness.

---

---

---

---

---

---

---

**IV. RELIEF**

State briefly what money damages or other relief you want the court to order.

Actual damages in an amount to be proved at trial; B) Punitive damages as provided for by 15 U.S.C. § 1681n(2); C) Statutory damages as provided for by 15 U.S.C. § 1681n(2); D) Costs and attorneysfees as provided for by 15 U.S.C. § 1681n(3) and 15 U.S.C. § 1681o(2); E) Enter a permanent injunction to prevent future violations of the FTC Act, the FDCPA, and the FCRA by Defendants; and E) other relief as this Court deems just and proper

---

**V. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

6/6/2019

Dated



Plaintiff's Signature

First Name	Middle Initial	Last Name	
Samaad Bishop			
Street Address			
421 Eighth Avenue, No. 778		New York, NY	10116
County, City		State	Zip Code
347-746-7080		ssb@mail.com	
Telephone Number		Email Address (if available)	

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.